

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91214 040 ****50.00

DOCUMENT # M01000001402

1. Entity Name

CORVAL, LLC

Principal Place of Business

**1912 EASTCHESTER DRIVE
HIGH POINT NC 27261**

Mailing Address

**1912 EASTCHESTER DRIVE
HIGH POINT NC 27261**

2. Principal Place of Business

1829 Eastchester Drive

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2646

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

High Point, NC

Zip

27265

Country

Guilford

City & State

High Point, NC

Zip

27261

Country

Guilford

4. FEI Number

56-2250257

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MCQUEEN, THOMAS J**
CITY-ST-ZIP **5569 SALEM SQUARE DRIVE SOUTH
PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RICE, ROBERT C**
CITY-ST-ZIP **4400 FALLS OF NEUSE ROAD
RALEIGH NC 27609-0626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/02

Date

(919) 876-4546

Daytime Phone #

0044995

CR2E083 (C) 01